

EXHIBIT 1E

MODEL LETTER TO OPERATIONAL ESRD FACILITY REQUESTING INITIAL APPROVAL

(Date)

ESRD Facility Name
Address
City, State, ZIP Code

Dear _____:

This letter explains the procedures through which you may be approved to furnish services to beneficiaries of the Medicare End-Stage Renal Disease (ESRD) Program.

Under the ESRD program, each facility desiring to furnish renal transplantation or dialysis services is required to meet all health and safety requirements, demonstrate its ability to meet minimal utilization rates, and perform a required medical review of patient care.

The regulations require such facilities to participate in network activities and pursue network goals. The Medical Review Board of each network assures review of the quality of patient care and services.

Enclosed is a copy of the ESRD facility regulations. Using these regulations, this agency surveys and certifies ESRD facilities to assist the Centers for Medicare & Medicaid Services in determining whether facilities meet the health and safety requirements.

Since your facility has not previously been approved as a supplier of ESRD services, you should take the actions outlined below.

Complete the Request for Approval, Form CMS-3402, and return it with the documentation it requires. Your completed application must be accompanied by evidence of Certificate of Need approval, if your State law requires such approval. Any questions concerning the Form CMS-855 should be directed to your fiscal intermediary/carrier. You may obtain information regarding the Form CMS-855 by contacting **(name)** at **(phone number)**.

You must also submit a narrative plan of operation and state the qualifications of operating personnel. If you offer dialysis, your plan of operation must cite the type of dialysis and number of stations and shifts. For all services the plan must detail how you will meet the minimal utilization rate applicable for your service, area, and type of facility as described in the regulations. Discuss how you propose to meet patient needs.

(Name)

Page 2

(Date)

The qualifications and responsibilities of the supervisory staff (physician, registered nurse-in-charge, dietitian, social worker, etc.) must be clearly stated. Also list those ancillary services (e.g., laboratory and other tests) being provided directly, on your premises, and also the qualifications of any party with whom you have or propose to enter into an agreement for the performance of other ancillary services.

Keep a copy of the Request for Approval, and your plan and documentation, and forward the remaining copies, plan, documentation and statements to us.

Before you may be approved to participate your facility must be surveyed by this office. The surveyors will review the regulations with you and inspect your facility to determine whether the ESRD services you desire to furnish meet regulatory requirements.

If you cannot complete and return the forms within the next 30 days, please inform us as to when we may expect them. We urge that you give this matter your highest priority.

Sincerely yours,

Director, State Agency

Enclosures